

Residential Permit Checklist



Planning & Development
Building & Permit Services
99 West 10th Ave.
Eugene, OR 97401
www.eugene-or.gov

For applicant reference only, staff will complete checklist at intake.

(541) 682-5593 FAX

(541) 682-5086 Information

Intake Initials		Date		Map & Tax Lot: _____ and/or Address: _____		Permit #: _____	
N/A NEED OK		<input type="checkbox"/> PLAN REVIEW REQUIREMENTS				Bethel School District Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		2 complete sets of plans photocopy or blueprint (no pencil, ink, highlighting, or white out)					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Quickstarts: 3 sets of plans <input type="checkbox"/> Signed Agreement <input type="checkbox"/> Architect/Engineer letter <input type="checkbox"/> Erosion approval <input type="checkbox"/> Fire review not required <input type="checkbox"/> Land Use code standard or tree protection provisions do not apply <input type="checkbox"/>					
Yes No		<input type="checkbox"/> EROSION REQUIREMENTS					
<input type="checkbox"/> <input type="checkbox"/>		In sensitive area AND one the following: 500 sq. ft. <input type="checkbox"/> or 20 cu yards disturbance <input type="checkbox"/>					
<input type="checkbox"/> <input type="checkbox"/>		OR Disturbing one acre or more regardless of sensitive area					
<input type="checkbox"/> <input type="checkbox"/>		W.Q. Zone Application (template) to customer: Yes <input type="checkbox"/> Application submitted, permit #: _____					
N/A NEED OK		<input type="checkbox"/> LAND USE/ZONING		OK for intake: LUA: _____ Date: _____		Route to LUA: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Zoning: _____ Land Use application: File # _____					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		UT: Yes <input type="checkbox"/> No <input type="checkbox"/> Annexation needed: Yes <input type="checkbox"/> No <input type="checkbox"/> Willamette Greenway: Yes <input type="checkbox"/> No <input type="checkbox"/>					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Flag lot: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, setback requirements: _____)					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Trees: Lot > 20,000 sq. ft. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, trees shown <input type="checkbox"/>					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Private trees, # removed/impacted: _____ If > 5: applicant advised to submit tree preservation plan: Yes <input type="checkbox"/>					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Public trees removed/impacted: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, applicant notified to contact Urban Forester: Yes <input type="checkbox"/>					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Utilities for new construction (9.6775): Yes <input type="checkbox"/> No <input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> None <input type="checkbox"/>					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Outdoor lighting fixtures (9.6725): Yes <input type="checkbox"/> No <input type="checkbox"/> Signature: On plans <input type="checkbox"/> Attached <input type="checkbox"/> To come <input type="checkbox"/>					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Solar setbacks: Documentation <input type="checkbox"/> Exempt: <75' N/S PL <input type="checkbox"/> <4000 sf lot <input type="checkbox"/> Slope <input type="checkbox"/> N PL at St. <input type="checkbox"/>					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Home occupation (office/studio/exam rooms?): Yes <input type="checkbox"/> No <input type="checkbox"/> (Call LUA if yes)					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		EWEB (Check for overhead lines)					
Notes:							
If sent away LUA initials _____ Date: _____							
N/A NEED OK		<input type="checkbox"/> SITE PLAN REQUIREMENTS					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Site plan printed on a minimum size 11" x 17" paper with a minimum of 2" clear space					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Property lines with dimensions <input type="checkbox"/> North Arrow <input type="checkbox"/> Scale <input type="checkbox"/>					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Adjacent streets & alleys <input type="checkbox"/> Street, curb & gutter: Existing <input type="checkbox"/> Proposed <input type="checkbox"/> None <input type="checkbox"/> Altered <input type="checkbox"/>					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Site elevations at lot corners <input type="checkbox"/> Flat per applicant <input type="checkbox"/>					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Site contours at 2' increments if >4' change across property <input type="checkbox"/>					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Structures with setbacks: Existing <input type="checkbox"/> Proposed <input type="checkbox"/> (label each type; if non-conforming page LUA)					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Is property vacant? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, sq. ft. of any building being demolished: _____					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Building footprint on site plan must match construction plans (no mirror image drawings accepted)					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Location of known fills: Yes <input type="checkbox"/> (location shown) No <input type="checkbox"/>					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Soil: shrink swell/potential: None <input type="checkbox"/> M/H <input type="checkbox"/> Applicant informed <input type="checkbox"/>					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Driveway approach: Existing <input type="checkbox"/> Proposed <input type="checkbox"/> None <input type="checkbox"/> Altered <input type="checkbox"/> (page PWE)					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Width in front yard setback > 27' Yes <input type="checkbox"/> No <input type="checkbox"/>					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Sidewalks: Existing <input type="checkbox"/> Curbside <input type="checkbox"/> Setback <input type="checkbox"/> Proposed <input type="checkbox"/> None proposed <input type="checkbox"/>					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Other construction in right-of-way such as retaining walls, elevated walks, or drives: Yes <input type="checkbox"/> No <input type="checkbox"/>					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Wastewater: City connection <input type="checkbox"/> Septic (location shown on plans) <input type="checkbox"/>					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Fire flow test required (if over 3600 sq. ft.) Yes <input type="checkbox"/> No <input type="checkbox"/>					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		If yes, applicant advised Yes <input type="checkbox"/> Sq. Ft. per RLID: _____					
Notes:							
If sent away PWE initials _____ Date: _____							

N/A NEED OK <input type="checkbox"/> STORMWATER MANAGEMENT	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Destination shown on site plan: Weep-hole <input type="checkbox"/> Public storm pipe <input type="checkbox"/> Drainage ditch <input type="checkbox"/> On-site retention <input type="checkbox"/> Destination is: New <input type="checkbox"/> or Existing <input type="checkbox"/>
Notes:	
If sent away PWE initials _____ Date: _____	
N/A NEED OK <input type="checkbox"/> STRUCTURAL, ELECTRICAL, MECHANICAL, & PLUMBING	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevation views w/grade elevations if they vary more than 4'
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor plans: dimensions <input type="checkbox"/> room identification <input type="checkbox"/> doors & windows, w/sizes. <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Framing: floor <input type="checkbox"/> mfg joist <input type="checkbox"/> roof <input type="checkbox"/> mfg truss <input type="checkbox"/> header sizes <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Foundation plan <input type="checkbox"/> Cross section footing and foundation dimensions, anchor bolts, hold-downs, etc <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cross sections w/details(including framing member sizes; floor/roof sheathing; insulation/foundation)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Exterior Wall Requirements information sheet to applicant. Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wall bracing: prescriptive path <input type="checkbox"/> lateral analysis calculations <input type="checkbox"/> interior wall bracing <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Basement and retaining wall detail <input type="checkbox"/> calculations if retaining wall over 4' <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beam calculations for beam & joists exceeding prescriptive code requirements or laminated beams.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Detailing from analysis or calculations referenced in plans.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Energy: additional measures _____(1-9) Info on plans <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Plumbing: # of new or moved fixtures _____ (remodels and additions only)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Gas piping: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vents / Fans: Water heater (gas) <input type="checkbox"/> Range hood <input type="checkbox"/> Dryer <input type="checkbox"/> Bathroom fans _____ Utility room fans _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	New fuel burning appliances: Gas furnace <input type="checkbox"/> Gas fireplace <input type="checkbox"/> Pellet stove <input type="checkbox"/> Woodstove <input type="checkbox"/> Gas insert <input type="checkbox"/> Pellet / Woodstove insert <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other equipment – electrical: Electric furnace <input type="checkbox"/> Heat pump <input type="checkbox"/> Air Conditioner <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other heat system: Wall heaters <input type="checkbox"/> Baseboard <input type="checkbox"/> Radiant floor electric <input type="checkbox"/> Radiant floor hydronic <input type="checkbox"/> Other: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Alteration to existing HVAC system: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Should Temp Electric be included in this permit? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Electric: Panel or feeder new or relocated _____ Branch circuits new or altered _____ Electric to be pulled on separate permit by electrical contractor <input type="checkbox"/>
Notes:	
If sent away Residential Plans Examiner initials _____ Date: _____	
N/A NEED OK <input type="checkbox"/> SAP's (Same as plans.)	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Revisions to plans: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, changes should be bubbled & dated.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mirror image plans: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Attachments: truss engineering <input type="checkbox"/> wall bracing <input type="checkbox"/>
Notes:	